# Dynamic Support Register Referral Information

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| CHILD’s NAME:  DOB:  GP (must be in Waltham Forest):  NHS Number:  ADDRESS:  SCHOOL:  EHCP?: | Diagnosis: ASD/Learning Difficulties/other (please add):  Date of referral:  For CCG Date on register:  For CCG Date of last CETR:  Date of last MDT: |
| Summary of Need |  |
| What are the referrers key concerns? please comment:   * avoid hospital admission for those with ASD and/or LD * avoid LAC period or 52 week residential if possible * prevent family breakdown leading to the above |  |
| Education comments and package of support  Please comment on access to education/attendance and achievement |  |
| Name of Education contact e.g. SENCO |  |
| Social Care comments and packages of support  Please comment on any respite or short breaks in place |  |
| Name of Social Care contact including if known to Youth Justice |  |
| Health comments and packages of support  Please outline interventions and support including any A and E attendance or hospital admission |  |
| List health practitioners involved |  |
| Key issues or areas to address from DSR |  |

Interventions

|  |  |  |
| --- | --- | --- |
| Intervention/strategy | Yes | No/don’t know |
| Speech and Language Therapy |  |  |
| Communication passport |  |  |
| Occupational Therapy |  |  |
| Assessment/programme to develop skills in activities of daily living |  |  |
| ASD advisory teacher |  |  |
| Sensory profile |  |  |
| Assessment of impact of sensory needs on function |  |  |
| Functional Behaviour Assessment |  |  |
| PBS plan |  |  |
| PBS Support Worker |  |  |
| Hospital passport |  |  |
| Police passport |  |  |

Name of referrer:

Designation:

Date:

Consent from parent/carer: date and how confirmed

Consent from child if there is capacity: